|  |  |  |  |
| --- | --- | --- | --- |
| **Mosaic number & child name** | **Date of birth/age** | **Ethnicity and Gender**  | **Current status of the child / Young Person** |
|  |  |  |  |
| **Social Worker & Team / Service Area** | **Auditor (PM) & Service Area** | **Moderator & Role**  | **Audit date** |
|  |  |  |  |
| **Overall Grade**  |  |

**Social Worker and Manager preparatory work before commencing the audit**

**\*** [**Motivation and Empathy**](https://proceduresonline.com/trixcms1/media/6817/me-tool.pdf)(ME) Tool **–** This tool prepares you for the audit approach “Walk a mile in my shoes…”

**\*** [**Top tips for auditing**](https://proceduresonline.com/trixcms1/media/6513/top-tips-for-audits.pdf)**:**  Please review the top tips document so you are familiar with the requirements.

\* Use the [**timeliness**](https://proceduresonline.com/trixcms1/media/6361/practice-guidance-under-standards-timeliness.pdf) practice guidance for review of minimum requirements and to inform your audit.

**Quality Assurance for monthly audits**

**Stage 1: Your audit is now ready to commence!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Quality of Assessment: Does the Assessment Consider**  | Yes  | No | N/A |
| Childs Needs addressed?  |  |  |  |
| Parenting Capacity addressed?  |  |  |  |
| Wider Family and Environmental Factors addressed? |  |  |  |
| Are the risk to the child/ren identified?  |  |  |  |
| Does the Assessment capture the child’s voice, appropriate to age? |  |  |  |
| Was the child seen as part of the assessment? |  |  |  |
| If Yes was the child seen alone?  |  |  |  |
| Did the Assessment reference evidence-based tools? |  |  |  |
| Does the Assessment analysis and provide a view on what is happening and what needs to change to improve outcomes?  |  |  |  |
| Was the assessment shared with the Family/Child/ Carer?  |  |  |  |
| **What does Good look like -** [**Assessment**](https://proceduresonline.com/trixcms1/media/5362/what-good-looks-like-final-april-2020.pdf)**? Use this tool to support you with grading for this area** |
| **Comments**  | **Grade:** |
| **Planning (CIN Plan, Care Plan, Adoption Plan, Pathway Plan) etc.** | Date  | Type  | N/A  |
| 1. Date of Plan: 2) Type of Plan:
 |  |  |  |
| **Quality of Plan: Please use latest plan** | Yes  | No  | N/A  |
| Is the plan up to date / has it been updated? |  |  |  |
| Does it reflect current work? |  |  |  |
| Does the plan address outcomes for the child? (including health, identity and wellbeing?)  |  |  |  |
| Are these outcomes related to Education? |  |  |  |
| Are the child’s social relationships addressed? |  |  |  |
| SMARTER planning - Are the outcomes SMART? |  |  |  |
| Is the Plan Multi-Agency? |  |  |  |
| Was the plan shared with the child/ family/ carer? |  |  |  |
| **What does Good look like –** [**Planning**](https://proceduresonline.com/trixcms1/media/5362/what-good-looks-like-final-april-2020.pdf)**? Use this tool to support you with grading for this area** |
| **Comments** | **Grade:** |
| **Intervention**  | Date  | Length  | Time |
| Date of last visit?  |  |  |  |
| **The visit**  | Yes | No | N/A |
| Was the child seen?  |  |  |  |
| Seen with their siblings? |  |  |  |
| Did the visit address an action from the current plan? |  |  |  |
| Direct work and visits: were any tools/ approaches used?  |  |  |  |
| Was the visit recorded appropriately? |  |  |  |
| **Quality of visit**  |  |  |  |
| Did the visit /intervention engage with the child /family? |  |  |  |
| Was the child’s voice captured? |  |  |  |
| Did the visit help in understanding the child’s situation? |  |  |  |
| Did the visit help in achieving planned outcomes? |  |  |  |
| Are we working restoratively? |  |  |  |
| **What does Good look like –** [**Quality of Practice**](https://proceduresonline.com/trixcms1/media/5362/what-good-looks-like-final-april-2020.pdf)**? Use this tool to support you with grading for this area.** |
| **Comments** | **Grade:** |
| **Review** | Date  | Type  |  |
| 1. Date of the last review 2) Type of review
 |  |  |  |
| **Details of review**  | **Yes**  | **No**  | **N/A** |
| Was this in timescale? |  |  |  |
| Is there a record on file? |  |  |  |
| Are identified outcomes being achieved?  |  |  |  |
| Was a multi –agency chronology completed with contributions from all agencies? |  |  |  |
| **Quality of review**  | **Yes**  | **No**  | **N/A** |
| Did the review monitor progress against the planned outcomes?  |  |  |  |
| Did the review consider any significant changes in circumstances? |  |  |  |
| Did the review revise / update the plan? |  |  |  |
| Did all the appropriate professionals contribute to the review? |  |  |  |
| Were all the appropriate family members involved and engaged? |  |  |  |
| Was the review child or young person centred? |  |  |  |
| Did the child attend or contribute to their review?  |  |  |  |
| Does the review set clear SMART actions?  |  |  |  |
| **What does Good look like -** [**Review**](https://proceduresonline.com/trixcms1/media/5362/what-good-looks-like-final-april-2020.pdf)**? Use this tool to support you with grading for this area** |
| **Comments**  | **Grade:** |
| **Reflections / Supervision** |
| **Date of last supervision:**  |
| Details | Yes  | No  | N/A |
| Is this within specified timescale?  |  |  |  |
| Is the record of supervision on file? |  |  |  |
| Is a supervision recording template used? |  |  |  |
| Has the previous supervision actions been addressed? |  |  |  |
| Quality of supervision  | Yes  | No  | N/A |
| Did this reflection consider any different approaches? |  |  |  |
| Is the child’s experience considered? |  |  |  |
| Is there good quality reflective discussion and analysis? |  |  |  |
| **What does good look like? See** [**Supervision**](https://proceduresonline.com/trixcms1/media/5133/supervision-policy.pdf) **policy for further information if required.** |
| **Comments**  | **Grade:** |

**Enhancing the outcomes for the child/ young person - Action planning for children and young people:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed actions by Auditor – Use SMARTer objectives** | **By who**  | **Timescale**  | **Date of completion (mandatory)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **By Auditor**  | **Name**  | **Date**  |
| Notify Manager of worker re completion / grade / actions – via Mosaic case note  |  |  |
| Notify QA of completion by email.  |  |  |